Only

STATEMENT OF

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FEC ORGANIZATION FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Sharice for Congress 13851 W. 63rd St. ADDRESS (number and street) **NUM 303** (Check if address is changed) Shawnee 66216 KS CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS jay@bluewavepolitics.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) www.shariceforcongress.com (Check if address is changed) DATE 2022 C00670034 FEC IDENTIFICATION NUMBER > 3. X IS THIS STATEMENT NEW (N) OR AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Petterson, Jay, , , Type or Print Name of Treasurer Petterson, Jay, , , [Electronically Filed] 04 12 2022 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530

Local 202-694-1100

		rm 1 (Revised 02/2009)	Page 2
		OMMITTEE • Committee:	
(a)	×	This committee is a principal campaign committee. (Complete the candidate information below.)
(b)		This committee is an authorized committee, and is NOT a principal campaign committee. (Con information below.)	nplete the candidate
Nam Can	e of didate	Davids, Sharice, , ,	
	didate y Affiliati	on DEM Office Sought: * House Senate President	State KS District 03
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Nam Cand	e of didate		
Par	ty Con	nmittee:	
(d)		This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Poli	itical A	ction Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con-	nnected organization is a:
		Corporation Wo Capital Stock	Labor Organization
		Membership Organization Trade Association	Cooperative
		In addition, this committee is a Lobbyist/Registrant PAC.	
(f)		This committee supports/opposes more than one Federal candidate, and is NOT a separate scommittee. (i.e., nonconnected committee)	egregated fund or party
		In addition, this committee is a Lobbyist/Registrant PAC.	
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Join	t Func	Iraising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, at least one of which is an authorized committee of a federal candidate.	•
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, none of which is an authorized committee of a federal candidate.	vo or more political
	Com	mittees Participating in Joint Fundraiser	
	1.	FEC ID number C	
	2.	FEC ID number	
	3.	FEC ID number	
	4.		

F50.5 1.65 1.15		
FEC Form 1 (Revised 0		Page 3
Write or Type Committee Name		
Sharice for Con	<u> </u>	
6. Name of Any Connected O	rganization, Affiliated Committee, Joint Fundraising Representative, or Leader	ship PAC Sponsor
NADLER VICTORY FL	JND 	
	200 WEST 79TH STREET, #8N	
Mailing Address		
	NEW YORK NY 10024	
	CITY STATE	ZIP CODE
	Organization Affiliated Committee Joint Fundraising Representative Lutify by name, address (phone number optional) and position of the person in position	eadership PAC Sponsor
books and records.	thy by flame, address (prione flamber optional) and position of the person in pe	753C33IOH OF COMMITTEE
Petterson, Full Name	Jay, , ,	
Mailing Address	401 2nd Avenue South	
· ·	Suite 303	
	Seattle WA 98104	
Title or Position	CITY STATE	ZIP CODE
Treasurer		682 7328
3. Treasurer: List the name and any designated agent (e.g., a	d address (phone number optional) of the treasurer of the committee; and the n ssistant treasurer).	ame and address of
Full Name Petterson, of Treasurer	Jay, , ,	
Mailing Address	401 2nd Avenue South	
	Suite 303	
	Seattle WA 98104 CITY STATE	ZIP CODE
Title or Position Treasurer	Telephone number 206 -	682 - 7328

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Full Name of Designated Agent		
Mailing Address		
	CITY STATE	ZIP CODE
Title or Position		
	Telephone number	
Name of Bank, De		
	Bank of America 1801 K St NW Washington DC (20006)	
L		
L	1801 K St NW	ZIP CODE
L	1801 K St NW Washington CITY STATE	ZIP CODE
Mailing Address Name of Bank, De	1801 K St NW Washington CITY STATE	ZIP CODE
Mailing Address Name of Bank, De	1801 K St NW Washington CITY STATE Popository, etc.	ZIP CODE

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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nnected Organizatio		FEC ID r	number C	
	n Affiliated Committee Leist			
	n Affiliated Committee Islant			
	ii, Aliillateu Committee, Joint	Fundraising Repre	sentative, o	r Leadership PAC Spon
QUALITY WAV	E			
DO DOY	45200			
ess PO BOX	15320			
WASHIN	GTON		DC	20003
	CITY A	5	STATE A	ZIP CODE ▲
Connected Organization	n Affiliated Committee	Joint Fundraising F	Representative	Leadership PAC Sp
: Identify by name, a	address (phone number – option	nal)		
s L				
			1 1	1 1
		 ST	TATE A	ZIP CODE ▲
OSITION ▼		01		ZII OODE A
		Telephone Num	nber	
): s	WASHING WASHING TE Identify by name, a	WASHINGTON Connected Organization Affiliated Committee Affiliated Committee CITY A	WASHINGTON CITY ▲ Connected Organization Affiliated Committee Joint Fundraising F Affiliated Committee CITY ▲ ST CITY ▲ ST	WASHINGTON CITY A STATE A Connected Organization Affiliated Committee Joint Fundraising Representative State A CITY A STATE A STATE A

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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5(g)	or(h). Joint Fundraisin	g Participant:		
	1.		FEC ID number	С
	2.		FEC ID number	С
	3.		FEC ID number	C
	4.		FEC ID number	C
6.	Name of Any Connected KS-NM VICTORY	Organization, Affiliated Committee, Joint Fundra	ising Representative	e, or Leadership PAC Sponsor
	Mailing Address	401 2ND AVE S		
	Ü	STE 303		
		SEATTLE	WA	98104
	Relationship:	CITY ▲	STATE A	ZIP CODE ▲
8.		by name, address (phone number - optional)		
8.	Full Name	by name, address (phone number – optional)		
8.		by name, address (phone number – optional)		
8.	Full Name	by name, address (phone number – optional)		
8.	Full Name			
8.	Full Name	CITY A	STATE A	ZIP CODE A
8.	Full Name _ _ _ Mailing Address TITLE OR POSITION	CITY A	STATE A	ZIP CODE A
	Full Name _ _	CITY CITY Tel ries: List all banks or other depositories in which the intains funds.	ephone Number	
	Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor safety deposit boxes or mail.	CITY CITY Tel ries: List all banks or other depositories in which the intains funds.	ephone Number	s funds, holds accounts, rents
8. 9.	Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor safety deposit boxes or main Name of Bank, Depository, etc.	CITY CITY Tel ries: List all banks or other depositories in which the intains funds.	ephone Number	s funds, holds accounts, rents

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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) or (h). Joint Fundrais	ing Participant:		
1.		FEC ID number	C
2.		FEC ID number	C
3.		FEC ID number	C
4.		FEC ID number	С
4.			
Name of Any Connecte	d Organization, Affiliated Committee, Joint Fund	draising Representative	e, or Leadership PAC Sponsor
REPRESENTAT	ION MATTERS: WOMEN OF COLO	OR ON THE FROI	NTLINE
Mailing Address	910 17TH STREET NW SUITE 925		
	WASHINGTON	DC	20006
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
Connect	ed Organization Affiliated Committee	nt Fundraising Representa	ative Leadership PAC Sponsor
Designated Agent: Ident	ify by name, address (phone number – optional)		
Mailing Address			
		1 1 . 1	1
TITLE OR POSITIO	CITY A	STATE ▲	ZIP CODE ▲
LILILI	1	Telephone Number	
Banks or Other Deposit safety deposit boxes or no Name of Bank, Depository, etc.	ories: List all banks or other depositories in which naintains funds.	n the committee deposit	s funds, holds accounts, rents
Mailing Address			
	CITY ▲	STATE ▲	ZIP CODE ▲

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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n). Joint Fundraisin	,					
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2				FEC ID number	· C	
3.				FEC ID number	C	<u> </u>
4.				FEC ID number	C	
ame of Any Connected		iated Committee, Jo	oint Fundrais	sing Representat	ive, or Leadersl	nip PAC Spor
New Wave Wome	n 					
Marilia a Astalya a	430 S Capitol St	SE				
Mailing Address	2nd Floor					
	Washington			, DC	20003	
Relationship:	vvasnington	OITM				
Relationship:		CITY A		STATE .	A 2	IP CODE A
	Organization	Affiliated Committee	✗ Joint Fo	undraising Represe	ntative Lea	dership PAC S
		Affiliated Committee		undraising Represe	ntative Lea	dership PAC S
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Connected		Affiliated Committee		undraising Represe	ntative Lea	dership PAC S
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esignated Agent: Identify Full Name Mailing Address	by name, address	Affiliated Committee (phone number – o	ptional)	STATE A	ZIF	CODE A
connected esignated Agent: Identify Full Name Mailing Address TITLE OR POSITION anks or Other Depositor fety deposit boxes or ma ame of Bank, epository, etc.	by name, address	Affiliated Committee (phone number – o	ptional)	STATE A	ZIF	CODE A

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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	4		FEC ID number	[C]
6.		Organization, Affiliated Committee, Joint Fundral	ising Representative	e, or Leadership PAC Sponsor
	NEWDEM ACTIO	N FUND FOR THE FUTURE		
	Mailing Address	910 17TH ST NW STE 925		
		WASHINGTON	, DC	20006
	Relationship:	CITY A	STATE A	ZIP CODE A
			Fundraising Representa	
	Connected	Animated Committee	undraising riepresente	Leadership 1 Ao Oponson
8.	Designated Agent: Identify	by name, address (phone number - optional)		
8.	Designated Agent: Identify Full Name	by name, address (phone number – optional)		
8.		by name, address (phone number – optional)		
8.	Full Name	by name, address (phone number – optional)		
8.	Full Name	by name, address (phone number – optional)		
8.	Full Name	CITY	STATE A	ZIP CODE A
8.	Full Name	CITY A		
8.	Full Name	CITY A	STATE A	
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Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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Mailing Address	600 PENNSYL\	/ANIA AVE SE #15180			
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Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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TITLE OR POSITION ▼			
1	CITY A	STATE ▲	ZIP CODE ▲
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anks or Other Depositories: afety deposit boxes or maintai	List all banks or other depositories in which to see funds.	ne committee deposit	ts funds, holds accounts, ren
ame of Bank, epository, etc.			
Mailing Address			
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